

NURP PROPOSAL FORMS

This document contains the following forms necessary to complete your proposal to NURC – CMRC. Refer to Proposal Guidelines for instructions for proposal preparation.

1. Checklist
2. Applicant Agreement
3. Suggested Reviewer List
4. Proposal Cover Sheet
5. System Time Request Form
6. LSI Facilities Request Form
7. Project Summary
8. Table of Contents
9. Biographical Sketch
10. Proposal Budget
11. Current and Pending Support
12. Project Keywords

Please Note: Project Description (Including Introduction, Methods & Approach, Alternative Approach, Description of Facilities, Program management, Results, Bibliography / Literature Cited) forms are not included here. Please submit that portion of the proposal electronically in MS Word or WordPerfect.

Submit to 20 Hard Copies to:

Center Director
Caribbean Marine Research Center
100 N US Highway 1, Suite 202
Jupiter, FL 33477-5122
(561) 741-0192

AND

Submit electronic copies to:

cmrc@cmrc.org OR
via CD / Zip disk to address



NOAA's Undersea Research Program Proposal Submission Checklist

- ___ 1. Proposal in three-ring binder format. (Original copy single-sided, 20 copies double-sided, electronic copy Word or PDF)
- ___ 2. Applicant Agreement (one original signature copy only)
- ___ 3. List of suggested reviewers, or reviewers not to include (one original signature copy only)
- ___ 4. Deviation Authorizations (one original signature copy only) (if applicable)
- ___ 5. Proposal Cover Sheet with required signatures.
- ___ 6. Additional Cover Sheets including: NURP system time request form(s) for each proposed year of operation, log of operation detailed map of dive areas including latitude, longitude and depth information). ALSO - LSI FACILITIES REQUEST
- ___ 7. Project Summary
- ___ 8. Table of Contents
- ___ 9. Project Description (15 page limit)
- ___ 10. Introduction, including: Situation and Need; Objectives; Applications, Benefits, and Importance; Significance of Research.
- ___ 11. Methods and Approach, including: Description of major tasks; Illustration of specialized equipment; Dive schedule.
- ___ 12. Alternative Approach
- ___ 13. Description of Facilities, Systems, and Equipment
- ___ 14. Program Management, including: Administration; Roles and Participation Time; Qualifications.
- ___ 15. Results from Prior NURP Support (3 page limit)
- ___ 16. Bibliography
- ___ 17. Biographical Sketch (not to exceed 2 pages each)
- ___ 18. Budget (cumulative and annual budgets, including subcontracts budgets, if any, and up to 3 pages of Budget Justification)
- ___ 19. Current and Pending Support
- ___ 20. Project Keywords
- ___ 21. Special Information and Supplementary Documentation
- ___ 22. Appendixes
- ___ 23. Completed Checklist (one original copy only)

APPLICANT AGREEMENT

This signed agreement form must accompany your final proposal before it will be considered by the review panel. The Principal Investigator is requested to read, sign, and return this agreement with the proposal. Failure to do so may result in non-consideration of the proposed mission.

I FULLY UNDERSTAND AND ACCEPT RESPONSIBILITY FOR:

- Insuring that all members of my science party, and myself, are either:
(1) employed by an Institution that considers participation in NURC-CMRC sponsored project missions to be within the scope of employment, or (2) registered as a student in a program which considers participation a part of the educational program.
- All travel arrangements for my scientific and support team members to and from the research site.
- Transporting mission-related equipment to and from the port or research site.
- Arranging personal ground transportation as needed while at the port or research site.
- Immediately notifying the program staff of any alterations in the initial agreed upon schedule.
- Submission of a post-mission Quick Look Report, Annual Scientific Report, Final Project Report, and reprints of any publications resulting from the mission(s).
- If SCUBA diving is requested, forwarding (for each diver) up-to-date diver resumes, and evidence of medical examinations which comply with NURC-CMRC regulations (done no later than one year before your proposed diving), to NURC-CMRC at least four months before the mission.
- For SCUBA operations, ensuring all divers have been certified by the NURC-CMRC Diving Safety Officer prior to diving on a NURC-sponsored mission.

Signed PRINCIPAL INVESTIGATOR

Typed

DATE

SUGGESTED REVIEWER LIST

<p style="text-align: center; margin-bottom: 10px;">REVIEWER 1</p> <p>Name:</p> <p>Affiliation:</p> <p>Dept:</p> <p>Lab:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>	<p style="text-align: center; margin-bottom: 10px;">REVIEWER 2</p> <p>Name:</p> <p>Affiliation:</p> <p>Dept:</p> <p>Lab:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>
<p style="text-align: center; margin-bottom: 10px;">REVIEWER 3</p> <p>Name:</p> <p>Affiliation:</p> <p>Dept:</p> <p>Lab:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>	<p style="text-align: center; margin-bottom: 10px;">REVIEWER 4</p> <p>Name:</p> <p>Affiliation:</p> <p>Dept:</p> <p>Lab:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>
<p style="text-align: center; margin-bottom: 10px;">REVIEWER 5</p> <p>Name:</p> <p>Affiliation:</p> <p>Dept:</p> <p>Lab:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>	<p style="text-align: center; margin-bottom: 10px;">REVIEWER 6</p> <p>Name:</p> <p>Affiliation:</p> <p>Dept:</p> <p>Lab:</p> <p>Address:</p> <p>City, State, Zip:</p> <p>Phone:</p> <p>Fax:</p> <p>Email:</p>

COVER SHEET FOR PROPOSAL TO NOAA'S UNDERSEA RESEARCH PROGRAM

CARIBBEAN MARINE RESEARCH CENTER

CORE PROGRAM – PROJECT CATEGORY (check only one):

Sustainable Fisheries	Advanced Diving Techniques
Healthy Coastal Ecosystems	Undersea Observation and Technology
Predict Environmental Change	
New Value from the Sea	

SPECIAL FUNDING PROGRAMS:

NOAA Coral Reef Conservation Program
Coral Reef Ecosystem Research

FOR NURP USE ONLY

NURP PROPOSAL NUMBER:

DATE RECEIVED:

TITLE OF PROPOSED PROJECT:

PRINCIPAL INVESTIGATORS: (Contact information for all additional principal investigators may be attached on a separate sheet.)

PI NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

CO-PI NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

OTHER INVESTIGATOR 1 NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

OTHER INVESTIGATOR 2 NAME:

ADDRESS:

PHONE:

FAX:

EMAIL:

PROPOSED DURATION (YEARS):

REQUESTED STARTING DATE:

SCIENCE SUPPORT REQUESTED:

CHECK APPROPRIATE BOX(ES) IF THIS PROPOSAL INCLUDES ANY OF THE ITEMS LISTED BELOW:

- | | |
|--|---|
| <input type="checkbox"/> VERTEBRATE ANIMALS | <input type="checkbox"/> PROPRIETARY AND PRIVILEGED INFORMATION |
| <input type="checkbox"/> HUMAN SUBJECT | <input type="checkbox"/> DEVELOPMENTAL PROPOSAL |
| <input type="checkbox"/> DESIGNATED ARCHEOLOGICAL SITE(S) | |
| <input type="checkbox"/> SMALL GRANT FOR EXPLORATORY RESEARCH (SGER) (SEE SPECIAL GUIDELINES SECTION C.12) | |

NAME OF ORGANIZATION TO WHICH AWARD SHOULD BE MADE:

ADDRESS OF AWARDEE ORGANIZATION, INCLUDING ZIP CODE:

AWARDEE ORGANIZATION CODE (IF KNOWN):

NAME OF PERFORMING ORGANIZATION (IF DIFFERENT):

ADDRESS OF PERFORMING ORGANIZATION (IF DIFFERENT):

PERFORMING ORGANIZATION CODE (IF KNOWN):

PI TYPED NAME

SIGNATURE

DATE

INSTITUTIONAL REPRESENTATIVE TYPED NAME

SIGNATURE

DATE

SYSTEM TIME REQUEST FORM

(REQUIRES COMPLETION FOR EACH MISSION, IF APPLICABLE AND EACH REQUESTED
YEAR OF OPERATIONS)

PAGE ____ OF ____

PI LAST NAME:

TITLE OF PROPOSED PROJECT (Abbreviated version):

YEAR ____ OF ____

SUMMARY OF SYSTEM REQUEST(S) FOR CURRENT YEAR:

TOTAL OPERATIONS DAYS REQUESTED: ____ TOTAL NUMBER OF DIVES REQUESTED: ____ TOTAL NUMBER OF LEGS REQUESTED: ____

OPERATIONAL DETAILS:

The following information should be provided for each individual leg of operations requested for this project. Multiple operations leg requests may be combined into single entries for requests where detailed information has not yet been determined.

1) GENERAL OPERATIONS INFORMATION

OPERATIONS LEG(s) ____ OF ____ (e.g. LEG(s) 1-5 OF 10) NUMBER OF LEGS REQUESTED (Required only if entry covers multiple operations legs) ____

NUMBER OF OPERATIONS DAYS REQUESTED: ____ NUMBER OF DIVES REQUESTED: ____ MAXIMUM OPERATIONS DEPTH (m) ____

REQUESTED NUMBER IN SCIENCE PARTY: ____

2) VESSEL & SYSTEM REQUEST

SUPPORT VESSEL REQUIRED? YES NO (If NO) WILL PI BE PROVIDING A SUPPORT VESSEL? YES NO

Using the space provided below, document all systems and sampling equipment requested for this operations leg or leg set as well as all investigator supplied systems and technologies to be utilized during the proposed operations. Refer to the proposal guidelines to verify system/technology availability for the region in which you are requesting support.

SYSTEM(S) REQUESTED (e.g. SUB, ROV): _____

INVESTIGATOR SUPPLIED SYSTEM(S): _____

SAMPLING EQUIPMENT REQUIRED (e.g. Video, Suction Sampler): _____

3) TIMING & LOCATION(S)

OPTIMUM DATES (mm/dd/yy): _____ ALTERNATE DATES: _____

GENERAL AREA OF OPERATIONS (Region): _____

The addition of primary operations sites are required to document the "general" area(s) of dive activity for this operations leg or leg set. The location of individual dive stations will be requested at the time of mission planning.

SITE 1 NAME: _____ LATITUDE (e.g. 42 15.25 N): _____ LONGITUDE: _____

SITE 2 NAME: _____ LATITUDE: _____ LONGITUDE: _____

SITE 3 NAME: _____ LATITUDE: _____ LONGITUDE: _____

(Additional primary operations sites may be added on a separate sheet with the required location information preceded by the PI Last Name, Title, and "Operations Leg ____ of ____" identifier.)

IS ANY PART OF THE PROJECT WITHIN 200 MILES OF A FOREIGN COAST? YES NO (If YES) LIST COUNTRY: _____

PI SIGNATURE: _____

DATE: _____

USE ADDITIONAL SHEETS AS NECESSARY

SYSTEM TIME REQUEST FORM

(REQUIRES COMPLETION FOR EACH MISSION, IF APPLICABLE AND EACH REQUESTED
YEAR OF OPERATIONS)

PAGE ____ OF ____

PI LAST NAME:

TITLE OF PROPOSED PROJECT (Abbreviated version):

YEAR ____ OF ____

SUMMARY OF SYSTEM REQUEST(S) FOR CURRENT YEAR:

TOTAL OPERATIONS DAYS REQUESTED: ____ TOTAL NUMBER OF DIVES REQUESTED: ____ TOTAL NUMBER OF LEGS REQUESTED: ____

OPERATIONAL DETAILS:

The following information should be provided for each individual leg of operations requested for this project. Multiple operations leg requests may be combined into single entries for requests where detailed information has not yet been determined.

1) GENERAL OPERATIONS INFORMATION

OPERATIONS LEG(s) ____ OF ____ (e.g. LEG(s) 1-5 OF 10) NUMBER OF LEGS REQUESTED (Required only if entry covers multiple operations legs) ____

NUMBER OF OPERATIONS DAYS REQUESTED: ____ NUMBER OF DIVES REQUESTED: ____ MAXIMUM OPERATIONS DEPTH (m) ____

REQUESTED NUMBER IN SCIENCE PARTY: ____

2) VESSEL & SYSTEM REQUEST

SUPPORT VESSEL REQUIRED? YES NO (If NO) WILL PI BE PROVIDING A SUPPORT VESSEL? YES NO

Using the space provided below, document all systems and sampling equipment requested for this operations leg or leg set as well as all investigator supplied systems and technologies to be utilized during the proposed operations. Refer to the proposal guidelines to verify system/technology availability for the region in which you are requesting support.

SYSTEM(S) REQUESTED (e.g. SUB, ROV): _____

INVESTIGATOR SUPPLIED SYSTEM(S): _____

SAMPLING EQUIPMENT REQUIRED (e.g. Video, Suction Sampler): _____

3) TIMING & LOCATION(S)

OPTIMUM DATES (mm/dd/yy): _____ ALTERNATE DATES: _____

GENERAL AREA OF OPERATIONS (Region): _____

The addition of primary operations sites are required to document the "general" area(s) of dive activity for this operations leg or leg set. The location of individual dive stations will be requested at the time of mission planning.

SITE 1 NAME: _____ LATITUDE (e.g. 42 15.25 N): _____ LONGITUDE: _____

SITE 2 NAME: _____ LATITUDE: _____ LONGITUDE: _____

SITE 3 NAME: _____ LATITUDE: _____ LONGITUDE: _____

(Additional primary operations sites may be added on a separate sheet with the required location information preceded by the PI Last Name, Title, and "Operations Leg __ of __" identifier.)

IS ANY PART OF THE PROJECT WITHIN 200 MILES OF A FOREIGN COAST? YES NO (If YES) LIST COUNTRY: _____

PI SIGNATURE: _____

DATE: _____

USE ADDITIONAL SHEETS AS NECESSARY

LEE STOCKING ISLAND FACILITIES REQUEST

PI Name:	Co-PI Name:
Proposal Title:	
<p>In the spaces below list the personnel involved in the project for 2004 (year 1), the number of days each person will spend on the island during the year, and the number of visits each person will make. If some personnel are unspecified at this time, please indicate as TBA (e.g., technician-TBA).</p>	
Name (or TBA)	Total Days at LSI

Please attach a separate sheet to list additional personnel.

Small Boats:

Please calculate your proposed Total Boat Usage: (sum of the number of boats used each day, use back if necessary) *Example: 2 boats for 10 days plus 1 boat for 15 days equals **35 Total Boat Days***

Number of 17' boats _____ for _____ days: subtotal Boat Days _____

Number of 20' boats _____ for _____ days: subtotal Boat Days _____

GRAND TOTAL _____

Shipping:

Please list and describe any supplies and/or equipment for which commercial shipping to LSI will be required. CMRC schedules charter cargo flights; if you plan to utilize one of these flights, budget shipping at \$2.50 per pound.

LEE STOCKING ISLAND FACILITIES REQUEST

Undersea System	Support Vessel	No. Ops. Days	No. Dives	Max Depth (m)
SCUBA Air				
SCUBA Nitrox				
SCUBA Trimix				
Other _____				

LEE STOCKING ISLAND FACILITIES REQUEST

PI Name:	Co-PI Name:	
Proposal Title:		
In the spaces below list the personnel involved in the project for 2005 (year 2), the number of days each person will spend on the island during the year, and the number of visits each person will make. If some personnel are unspecified at this time, please indicate as TBA (e.g., technician-TBA).		
Name (or TBA)	Total Days at LSI	Number of Trips
<i>Please attach a separate sheet to list additional personnel.</i>		
Small Boats: Please calculate your proposed Total Boat Usage: (sum of the number of boats used each day, use back if necessary) <i>Example: 2 boats for 10 days plus 1 boat for 15 days equals <u>35 Total Boat Days</u></i>		
Number of 17' boats _____ for _____ days: subtotal Boat Days _____		
Number of 20' boats _____ for _____ days: subtotal Boat Days _____		
GRAND TOTAL _____		
Shipping: Please list and describe any supplies and/or equipment for which commercial shipping to LSI will be required. CMRC schedules charter cargo flights; if you plan to utilize one of these flights, budget shipping at \$2.50 per pound.		

LEE STOCKING ISLAND FACILITIES REQUEST

Undersea System	Support Vessel	No. Ops. Days	No. Dives	Max Depth (m)
SCUBA Air				
SCUBA Nitrox				
SCUBA Trimix				
Other _____				

PROPOSAL PROJECT SUMMARY

ONE page self-contained description of the proposed activity suitable for publication; written in the third person; include a statement of objectives, methods to be employed and the potential impact of the project on advancing knowledge or education; informative to other persons working in the same or related fields and, insofar as possible, understandable to a scientifically or technically literate lay reader.

3.0 Table of Contents

	Page Number
1.0 Cover Sheet for Proposals	_____
2.0 System Tim Request Form	_____
3.0 Lee Stocking Island Facilities Request Form	_____
4.0 Project Summary	_____
5.0 Table of Contents	_____
6.0 Project Description	_____
6.1 Introduction	_____
6.2 Methods and Approach	_____
6.3 Program Management	_____
6.4 Results from Prior NURP Support	_____
7.0 Literature Cited	_____
8.0 Biographical Sketches	_____
9.0 Summary Proposal Budget and Budget Justification	_____
10.0 Current and Pending Support	_____
11.0 Special Information and Supplementary Documentation	_____
12.0 Appendixes	_____

BIOGRAPHICAL SKETCH

Provide the following information for the senior personnel on the project. Begin with the Principal Investigator/Project Director. *The information in C and D is used to help identify potential conflicts or bias in the selection of reviewers.*

DO NOT EXCEED 2 PAGES PER PERSON

- A. Vitae, listing professional and academic essentials and mailing address.
- B. List up to 5 publications most closely related to the proposed project and up to 5 other significant publications, including those being printed. Patents, copyrights or software systems developed may be substituted for publications. Do not include additional lists of publications, invited lectures, etc. Only the list of up to 10 will be used in merit review.
- C. List of persons, other than those cited in the publication list, who have collaborated on a project or a book, article, report or paper within the last 48 months, including collaborators on this proposal. If there are no other collaborators, please indicate that fact.
- D. Names of graduate and post-graduate advisors and advisees.

BIOGRAPHICAL SKETCH

PAGE 2

DO NOT EXCEED 2 PAGES PER PERSON

BIOGRAPHICAL SKETCH

Provide the following information for the senior personnel on the project. Begin with the Principal Investigator/Project Director. *The information in C and D is used to help identify potential conflicts or bias in the selection of reviewers.*

DO NOT EXCEED 2 PAGES PER PERSON

- A. Vitae, listing professional and academic essentials and mailing address.
- B. List up to 5 publications most closely related to the proposed project and up to 5 other significant publications, including those being printed. Patents, copyrights or software systems developed may be substituted for publications. Do not include additional lists of publications, invited lectures, etc. Only the list of up to 10 will be used in merit review.
- C. List of persons, other than those cited in the publication list, who have collaborated on a project or a book, article, report or paper within the last 48 months, including collaborators on this proposal. If there are no other collaborators, please indicate that fact.
- D. Names of graduate and post-graduate advisors and advisees.

BIOGRAPHICAL SKETCH

PAGE 2

DO NOT EXCEED 2 PAGES PER PERSON

PROPOSAL BUDGET

<input type="checkbox"/> FUNDING YEAR ____ OF ____ (or) <input type="checkbox"/> SUMMARY BUDGET		FOR NURP USE ONLY			
REQUESTING INVESTIGATOR: ORGANIZATION:		PROPOSAL NO.		DURATION (MONTHS)	
		AWARD NO.			
A SENIOR PERSONNEL: PI, CO-PI's, Faculty and Other Senior Associates (List each separately with title, Use brackets provided to show total numbers)		NURP – Funded Person-Months			Funds Requested (Proposer)
		CAL	ACAD	SUMR	
1.					
2.					
3.					
4.					
5.					
6. () OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)					
7. () TOTAL SENIOR PERSONNEL (1-6)					
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)					
1. () POST DOCTORAL ASSOCIATES					
2. () OTHER PROFESSIONALS (TECHNICIANS, PROGRAMMERS, ETC.)					
3. () GRADUATE STUDENTS					
4. () UNDERGRADUATE STUDENTS					
5. () SECRETARIAL – CLERICAL (IF CHARGED DIRECTLY					
6. () OTHER					
TOTAL SALARIES AND WAGES (A + B)					
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)					
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)					
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$1,000)					
TOTAL EQUIPMENT					
E. TRAVEL 1. DOMESTIC (INCLUDING CANADA AND U.S. POSSESSIONS)					
2. FOREIGN					
F. OTHER DIRECT COSTS					
1. MATERIALS AND SUPPLIES					
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION					
3. CONSULTANT SERVICES					
4. COMPUTER (ADPE) SERVICES					
5. SUBCONTRACTS					
6. OTHER					
TOTAL OTHER DIRECT COSTS					
G. TOTAL DIRECT COSTS (A THROUGH F)					
H. INDIRECT COSTS (not to exceed 10%)	INDIRECT RATE %	INDIRECT BASE			
TOTAL INDIRECT COSTS					
I. TOTAL DIRECT AND INDIRECT COSTS (G + H)					
J. AMOUNT OF THIS REQUEST (J) OR (J MINUS K)					
K. COST-SHARING: PROPOSED LEVEL \$	AGREED LEVEL IF DIFFERENT \$				

PI TYPED NAME _____	SIGNATURE _____	DATE _____
---------------------	-----------------	------------

INSTITUTIONAL REPRESENTATIVE TYPED NAME _____	SIGNATURE _____	DATE _____
---	-----------------	------------

ADDRESS OF INSTITUTIONAL REPRESENTATIVE:

PHONE: _____ FAX: _____ E-MAIL: _____

*SIGNATURES REQUIRED ONLY FOR REVISED BUDGETS

PROPOSAL BUDGET

<input type="checkbox"/> FUNDING YEAR ____ OF ____ (or) <input type="checkbox"/> SUMMARY BUDGET		FOR NURP USE ONLY			
REQUESTING INVESTIGATOR: ORGANIZATION:		PROPOSAL NO.		DURATION (MONTHS)	
		AWARD NO.			
A SENIOR PERSONNEL: PI, CO-PI's, Faculty and Other Senior Associates (List each separately with title, Use brackets provided to show total numbers)		NURP – Funded Person-Months			Funds Requested (Proposer)
		CAL	ACAD	SUMR	
1.					
2.					
3.					
4.					
5.					
6. () OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)					
7. () TOTAL SENIOR PERSONNEL (1-6)					
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)					
1. () POST DOCTORAL ASSOCIATES					
2. () OTHER PROFESSIONALS (TECHNICIANS, PROGRAMMERS, ETC.)					
3. () GRADUATE STUDENTS					
4. () UNDERGRADUATE STUDENTS					
5. () SECRETARIAL – CLERICAL (IF CHARGED DIRECTLY					
6. () OTHER					
TOTAL SALARIES AND WAGES (A + B)					
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)					
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)					
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$1,000)					
TOTAL EQUIPMENT					
E. TRAVEL 1. DOMESTIC (INCLUDING CANADA AND U.S. POSSESSIONS)					
2. FOREIGN					
F. OTHER DIRECT COSTS					
1. MATERIALS AND SUPPLIES					
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION					
3. CONSULTANT SERVICES					
4. COMPUTER (ADPE) SERVICES					
5. SUBCONTRACTS					
6. OTHER					
TOTAL OTHER DIRECT COSTS					
G. TOTAL DIRECT COSTS (A THROUGH F)					
H. INDIRECT COSTS (not to exceed 10%)	INDIRECT RATE %	INDIRECT BASE			
TOTAL INDIRECT COSTS					
I. TOTAL DIRECT AND INDIRECT COSTS (G + H)					
J. AMOUNT OF THIS REQUEST (J) OR (J MINUS K)					
K. COST-SHARING: PROPOSED LEVEL \$	AGREED LEVEL IF DIFFERENT \$				

PI TYPED NAME	SIGNATURE	DATE
---------------	-----------	------

INSTITUTIONAL REPRESENTATIVE TYPED NAME	SIGNATURE	DATE
---	-----------	------

ADDRESS OF INSTITUTIONAL REPRESENTATIVE:

PHONE: _____ FAX: _____ E-MAIL: _____

*SIGNATURES REQUIRED ONLY FOR REVISED BUDGETS

PROPOSAL BUDGET

<input type="checkbox"/> FUNDING YEAR ____ OF ____ (or) <input type="checkbox"/> SUMMARY BUDGET		FOR NURP USE ONLY			
REQUESTING INVESTIGATOR: ORGANIZATION:		PROPOSAL NO.		DURATION (MONTHS)	
		AWARD NO.			
A SENIOR PERSONNEL: PI, CO-PI's, Faculty and Other Senior Associates (List each separately with title, Use brackets provided to show total numbers)		NURP – Funded Person-Months			Funds Requested (Proposer)
		CAL	ACAD	SUMR	
1.					
2.					
3.					
4.					
5.					
6. () OTHERS (LIST INDIVIDUALLY ON BUDGET EXPLANATION PAGE)					
7. () TOTAL SENIOR PERSONNEL (1-6)					
B. OTHER PERSONNEL (SHOW NUMBERS IN BRACKETS)					
1. () POST DOCTORAL ASSOCIATES					
2. () OTHER PROFESSIONALS (TECHNICIANS, PROGRAMMERS, ETC.)					
3. () GRADUATE STUDENTS					
4. () UNDERGRADUATE STUDENTS					
5. () SECRETARIAL – CLERICAL (IF CHARGED DIRECTLY					
6. () OTHER					
TOTAL SALARIES AND WAGES (A + B)					
C. FRINGE BENEFITS (IF CHARGED AS DIRECT COSTS)					
TOTAL SALARIES, WAGES AND FRINGE BENEFITS (A + B + C)					
D. EQUIPMENT (LIST ITEM AND DOLLAR AMOUNT FOR EACH ITEM EXCEEDING \$1,000)					
TOTAL EQUIPMENT					
E. TRAVEL 1. DOMESTIC (INCLUDING CANADA AND U.S. POSSESSIONS)					
2. FOREIGN					
F. OTHER DIRECT COSTS					
1. MATERIALS AND SUPPLIES					
2. PUBLICATION COSTS/DOCUMENTATION/DISSEMINATION					
3. CONSULTANT SERVICES					
4. COMPUTER (ADPE) SERVICES					
5. SUBCONTRACTS					
6. OTHER					
TOTAL OTHER DIRECT COSTS					
G. TOTAL DIRECT COSTS (A THROUGH F)					
H. INDIRECT COSTS (not to exceed 10%)	INDIRECT RATE %	INDIRECT BASE			
TOTAL INDIRECT COSTS					
I. TOTAL DIRECT AND INDIRECT COSTS (G + H)					
J. AMOUNT OF THIS REQUEST (J) OR (J MINUS K)					
K. COST-SHARING: PROPOSED LEVEL \$	AGREED LEVEL IF DIFFERENT \$				

PI TYPED NAME	SIGNATURE	DATE
INSTITUTIONAL REPRESENTATIVE TYPED NAME	SIGNATURE	DATE

ADDRESS OF INSTITUTIONAL REPRESENTATIVE:

PHONE: _____ FAX: _____ E-MAIL: _____

*SIGNATURES REQUIRED ONLY FOR REVISED BUDGETS

CURRENT AND PENDING SUPPORT

(COMPLETE FOR EACH PRINCIPAL INVESTIGATOR LISTED ON THE PROPOSAL)

PAGE ____ OF ____

DATE:	OTHER AGENCIES (INCLUDING NOAA) TO WHICH THIS PROPOSAL HAS BEEN/WILL BE SUBMITTED:
INVESTIGATOR:	

TYPE OF SUPPORT: ☐ Other Federal Award (grant or contract) ☐ Other Non-Federal Award ☐ Support from Investigator

OTHER AWARDS: ☐ Current ☐ Pending ☐ Transfer from Investigator *

PROJECT/PROPOSAL TITLE (for other awards):

SOURCE OF SUPPORT: _____

FUNDING AGENCY CONTACT FOR INFORMATION

NAME: _____ PHONE: _____ E-MAIL: _____

TOTAL AWARD AMOUNT \$ _____ PERIOD COVERED - BEGINNING DATE (mm/yr): _____ ENDING DATE: _____

LOCATION OF PROJECT: _____

PERSON – MONTHS COMMITTED TO THE PROJECT: _____

DOES THIS ENTRY INCLUDE SOFT-SHARE FOR THIS NURP PROPOSAL (Y/N) ____ IF YES, ESTIMATED ANNUAL AMOUNT \$ _____

TYPE OF SUPPORT: ☐ Other Federal Award (grant or contract) ☐ Other Non-Federal Award ☐ Support from Investigator

OTHER AWARDS: ☐ Current ☐ Pending ☐ Transfer from Investigator *

PROJECT/PROPOSAL TITLE (for other awards):

SOURCE OF SUPPORT: _____

FUNDING AGENCY CONTACT FOR INFORMATION

NAME: _____ PHONE: _____ E-MAIL: _____

TOTAL AWARD AMOUNT \$ _____ PERIOD COVERED - BEGINNING DATE (mm/yr): _____ ENDING DATE: _____

LOCATION OF PROJECT: _____

PERSON – MONTHS COMMITTED TO THE PROJECT: _____

DOES THIS ENTRY INCLUDE SOFT-SHARE FOR THIS NURP PROPOSAL (Y/N) ____ IF YES, ESTIMATED ANNUAL AMOUNT \$ _____

TYPE OF SUPPORT: ☐ Other Federal Award (grant or contract) ☐ Other Non-Federal Award ☐ Support from Investigator

OTHER AWARDS: ☐ Current ☐ Pending ☐ Transfer from Investigator *

PROJECT/PROPOSAL TITLE (for other awards):

SOURCE OF SUPPORT: _____

FUNDING AGENCY CONTACT FOR INFORMATION

NAME: _____ PHONE: _____ E-MAIL: _____

TOTAL AWARD AMOUNT \$ _____ PERIOD COVERED - BEGINNING DATE (mm/yr): _____ ENDING DATE: _____

LOCATION OF PROJECT: _____

PERSON – MONTHS COMMITTED TO THE PROJECT: _____

DOES THIS ENTRY INCLUDE SOFT-SHARE FOR THIS NURP PROPOSAL (Y/N) ____ IF YES, ESTIMATED ANNUAL AMOUNT \$ _____

* If this project has previously been funded by another agency, please list and furnish information for immediately proceeding funding period.

USE ADDITIONAL SHEETS AS NECESSARY

CURRENT AND PENDING SUPPORT

(COMPLETE FOR EACH PRINCIPAL INVESTIGATOR LISTED ON THE PROPOSAL)

PAGE ____ OF ____

DATE:	OTHER AGENCIES (INCLUDING NOAA) TO WHICH THIS PROPOSAL HAS BEEN/WILL BE SUBMITTED:
INVESTIGATOR:	

TYPE OF SUPPORT: ☐ Other Federal Award (grant or contract) ☐ Other Non-Federal Award ☐ Support from Investigator

OTHER AWARDS: ☐ Current ☐ Pending ☐ Transfer from Investigator *

PROJECT/PROPOSAL TITLE (for other awards):

SOURCE OF SUPPORT: _____

FUNDING AGENCY CONTACT FOR INFORMATION

NAME: _____ PHONE: _____ E-MAIL: _____

TOTAL AWARD AMOUNT \$ _____ PERIOD COVERED - BEGINNING DATE (mm/yr): _____ ENDING DATE: _____

LOCATION OF PROJECT: _____

PERSON – MONTHS COMMITTED TO THE PROJECT: _____

DOES THIS ENTRY INCLUDE SOFT-SHARE FOR THIS NURP PROPOSAL (Y/N) ____ IF YES, ESTIMATED ANNUAL AMOUNT \$ _____

TYPE OF SUPPORT: ☐ Other Federal Award (grant or contract) ☐ Other Non-Federal Award ☐ Support from Investigator

OTHER AWARDS: ☐ Current ☐ Pending ☐ Transfer from Investigator *

PROJECT/PROPOSAL TITLE (for other awards):

SOURCE OF SUPPORT: _____

FUNDING AGENCY CONTACT FOR INFORMATION

NAME: _____ PHONE: _____ E-MAIL: _____

TOTAL AWARD AMOUNT \$ _____ PERIOD COVERED - BEGINNING DATE (mm/yr): _____ ENDING DATE: _____

LOCATION OF PROJECT: _____

PERSON – MONTHS COMMITTED TO THE PROJECT: _____

DOES THIS ENTRY INCLUDE SOFT-SHARE FOR THIS NURP PROPOSAL (Y/N) ____ IF YES, ESTIMATED ANNUAL AMOUNT \$ _____

TYPE OF SUPPORT: ☐ Other Federal Award (grant or contract) ☐ Other Non-Federal Award ☐ Support from Investigator

OTHER AWARDS: ☐ Current ☐ Pending ☐ Transfer from Investigator *

PROJECT/PROPOSAL TITLE (for other awards):

SOURCE OF SUPPORT: _____

FUNDING AGENCY CONTACT FOR INFORMATION

NAME: _____ PHONE: _____ E-MAIL: _____

TOTAL AWARD AMOUNT \$ _____ PERIOD COVERED - BEGINNING DATE (mm/yr): _____ ENDING DATE: _____

LOCATION OF PROJECT: _____

PERSON – MONTHS COMMITTED TO THE PROJECT: _____

DOES THIS ENTRY INCLUDE SOFT-SHARE FOR THIS NURP PROPOSAL (Y/N) ____ IF YES, ESTIMATED ANNUAL AMOUNT \$ _____

* If this project has previously been funded by another agency, please list and furnish information for immediately proceeding funding period.

USE ADDITIONAL SHEETS AS NECESSARY

PROJECT KEYWORDS

Check off all “Research Categories” and “Environments” that apply to this proposal. If funded, these representative keywords will be used to promote access to this project via the world wide web sites of the National Undersea Research Program.

NURP RESEARCH CATEGORIES: (select all that apply)

- | | | |
|---|---|--|
| <input type="checkbox"/> Aquaculture | <input type="checkbox"/> Fisheries Ecology | <input type="checkbox"/> Paleoceanography/Paleoclimate |
| <input type="checkbox"/> Benthic Ecology/Habitat | <input type="checkbox"/> Fishing Gear Impacts | <input type="checkbox"/> Phycology/Algae |
| <input type="checkbox"/> Bioerosion | <input type="checkbox"/> Gas hydrates | <input type="checkbox"/> Physiology/Disease |
| <input type="checkbox"/> Bioprospecting | <input type="checkbox"/> Genetics | <input type="checkbox"/> Plankton |
| <input type="checkbox"/> Biotechnology | <input type="checkbox"/> Geochemistry | <input type="checkbox"/> Pollution/Contaminants |
| <input type="checkbox"/> Biotelemetry/telemetry | <input type="checkbox"/> Geophysics | <input type="checkbox"/> Population Dynamics |
| <input type="checkbox"/> Carbon cycle | <input type="checkbox"/> Harmful Algal Blooms | <input type="checkbox"/> Post-breeding- Recruitment |
| <input type="checkbox"/> Chemical ecology | <input type="checkbox"/> Hazardous waste disposal | <input type="checkbox"/> Post-breeding- Settlement |
| <input type="checkbox"/> Coastal geology/erosion | <input type="checkbox"/> Hypoxia/Oxygen Demand | <input type="checkbox"/> Predation |
| <input type="checkbox"/> Conservation biology | <input type="checkbox"/> Ichthyology/Fish | <input type="checkbox"/> Restoration |
| <input type="checkbox"/> Community ecology | <input type="checkbox"/> Invertebrate zoology | <input type="checkbox"/> Seafloor Mapping/Surveys |
| <input type="checkbox"/> Corals—precious/ornamental | <input type="checkbox"/> Larval Biology | <input type="checkbox"/> Sedimentology/Sedimentation |
| <input type="checkbox"/> Corals—reef-building | <input type="checkbox"/> Long-term Monitoring | <input type="checkbox"/> Slumps |
| <input type="checkbox"/> Corals—deep sea | <input type="checkbox"/> Mantle plumes/benthic heat flow | <input type="checkbox"/> Species-Habitat Associations |
| <input type="checkbox"/> Dredge material disposal | <input type="checkbox"/> Marine mammals | <input type="checkbox"/> Storm disturbance/surge |
| <input type="checkbox"/> Essential Fish Habitat | <input type="checkbox"/> Marine Minerals/Non-living resources | <input type="checkbox"/> Systematics/Taxonomy |
| <input type="checkbox"/> Estuarine ecology/habitat | <input type="checkbox"/> Mesopelagic (Midwater) Ecology/Jellyfish | <input type="checkbox"/> Technology development |
| <input type="checkbox"/> Eustatism/Sea Level Change | <input type="checkbox"/> Microbiology/Microbiota | <input type="checkbox"/> Tsunamis |
| <input type="checkbox"/> Evolution | <input type="checkbox"/> Nutrient Cycling/Eutrophication | <input type="checkbox"/> Ultraviolet radiation |
| <input type="checkbox"/> Extremophiles | <input type="checkbox"/> Ocean tracers | <input type="checkbox"/> Water Quality |

NURP RESEARCH ENVIRONMENTS: (select all that apply)

- | | | |
|--|---|---|
| <input type="checkbox"/> Coast- Estuaries | <input type="checkbox"/> Rise/Abyss- Hydrothermal Vents (HTV) | <input type="checkbox"/> Shelf- Live Bottom Reef |
| <input type="checkbox"/> Coast- Mangroves | <input type="checkbox"/> Rise/Abyss- Mid-Ocean Ridge | <input type="checkbox"/> Shelf- rocky/cobble reef |
| <input type="checkbox"/> Coast- Seagrass Beds | <input type="checkbox"/> Rise/Abyss- Plateaus/Guyots | <input type="checkbox"/> Shelf- soft substrate |
| <input type="checkbox"/> Lakes/Rivers | <input type="checkbox"/> Rise/Abyss- Seamounts | <input type="checkbox"/> Shelf- hard substrate |
| <input type="checkbox"/> Mid-water/pelagic | <input type="checkbox"/> Shelf- Artificial Reef | <input type="checkbox"/> Slope- Cold Seeps |
| <input type="checkbox"/> Rise/Abyss- hills/plains | <input type="checkbox"/> Shelf- Coral Reef | <input type="checkbox"/> Slope- Subduction Zones |
| <input type="checkbox"/> Rise/Abyss- Hotspots/Volcanos | <input type="checkbox"/> Shelf- Ecological Reserves and Sanctuaries | <input type="checkbox"/> Slope- Submarine Canyons |